

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 08/808031  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3			<del>1</del>	<del>1</del>			53						
4				1			54						
5				1			55						
6				1			56						
7			1				57						
8			1				58						
9			<del>1</del>	<del>1</del>			59						
10			1				60						
11			<del>1</del>	<del>1</del>			61						
12				1			62						
13			<del>1</del>	<del>1</del>			63						
14			<del>1</del>	<del>1</del>			64						
15			1				65						
16				1			66						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			5				TOTAL IND.						
TOTAL DEP.			7				TOTAL DEP.						
TOTAL CLAIMS			12				TOTAL CLAIMS						